UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. First Inventor or Application Identifier

249179US0

Agathe SUBTIL-SANDS

8. P

0

(Obit for new nonprovisional applications under 37 CFR 1.53(b))

SECRETED CHLAMYDIA POLYPEPTIDES, POLYNUCLEOTIDES CODING THEREFOR, THERAPEUTIC AND DIAGNOSTIC USES THEREOF

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313					
Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s))					
2. Specification Total Sheets 55	8. Application Data Sheet. See 37 CFR 1.76					
2. Specification Total Sheets 35	9. 37 C.F.R. §3.73(b) Statement Power of Attorney					
3. Drawing(s) (35 U.S.C. 113) Total Sheets 4	10. ☐ English Translation Document (if applicable)					
S. Stammig(e) (see sister tite)	11. ☐ Information Disclosure ☐ Copies of IDS Citations					
.4. Oath or Declaration Total Pages	12. Preliminary Amendment					
a. Newly executed (original or copy)	13. White Advance Serial No. Postcard					
b. Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s)					
 DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 	15. Applicant claims small entity status. See 37 CFR 1.27					
5. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. ■ Other: Request for Priority					
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)						
a. Computer Readable Form (CRF)						
b. Specification or Sequence Listing on :						
i. ☐ CD-ROM or CD-R (2 copies); or						
ii. 📕 Paper						
c. Statements verifying identity of above copies						
17. If a CONTINUING APPLICATION, check appropriate box, and supp						
☐ Continuation ☐ Divisional ☐ Continuation-						
Prior application information: Examiner:	Group Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior considered a part of the accompanying continuation or divisional application and is haven a portion has been inadvertently omitted from the submitted application parts.	application, from which an oath or declaration is supplied under Box 4b, is nereby incorporated by reference. The incorporation can only be relied upon					
18. CORRESPOND	ENCE ADDRESS					
Customer	Number					
N .						
228	350					
(703) 41 FACSIMILE: (7						
Name: Norman F. Oblon	Registration No.: 24,618					
Signature: Cular Forth	Date: 2.2 y-0y					
Name: Vincent K Shier Ph D	Registration No.: 50,552					



Docket No.

249179US0

Ŝ

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ENTOR(S)

Agathe SUBTIL-SANDS, et al.

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

SECRETED CHLAMYDIA POLYPEPTIDES, POLYNUCLEOTIDES CODING THEREFOR,

THERAPEUTIC AND DIAGNOSTIC USES THEREOF

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA		RATE		CALCULATIONS
TOTAL CLAIMS	113 - 20 =	93	х	\$18	=	\$1,674.00
INDEPENDENT CLAIMS	10 - 3 =	7	х	\$86	=	\$602.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)					=	\$0.00
■ LATE FILING OF DECLARATION					=	\$130.00
	\$770.00					
	\$3,176.00					
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY						\$0.00
☐ FILING IN NON-ENGLISH LANGUAGE			+	\$130	=	\$0.00
☐ RECORDATION OF ASSIGNMENT			+	\$40	=	\$0.00
				TOT	AL	\$3,176.00

\Box	Please charge Denosit Acco	ount No. 15-0030 in th	e amount of \$0.00 A	A dunlicate copy of	this sheet is enclo	osed

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,

MATER & NEUSTADT, P.C.

2.24.01

Norman F. Oblon

Registration No.

24,618

Customer Number

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)

Vincent K. Shier, Ph.D. Registration No. 50,552

> Richard L. Chinn, Ph.D. Registration No. 34,305

A check in the amount of \$3,176.00 to cover the filing fee is enclosed.

[☐] Credit card payment form is attached to cover the filing fee in the amount of \$0.00

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.